

## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10990531-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural patent is sought on the		are listed below) of the on entitled:	e subject matter wh	ich is claimed a	nd for which a			
Electronic Test System	And M	ethod						
the specification of wh	nich is a	ttached hereto unless th	e following box is c	hecked:				
•			<del>-</del>		Application			
Number	( ) was filed on as US Application Serial No. or PCT International Application Number and was amended on (if applicable).							
including the claims, a	is amen	riewed and understood ded by any amendment is material to patentabili	t(s) referred to above	/e. I acknowled				
Foreign Application(s) and/or	r Claim of	Foreign Priority						
inventor(s) certificate listed	below and	s under Title 35, United State I have also identified below a tion on which priority is claim	ny foreign application for					
COUNTRY	T	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED U	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
				YES:	NO:			
				YES:	NO:			
Provisional Application				•				
hereby claim the benefit u below:	nder Title	35, United States Code Sect	tion 119(e) of any United	d States provisional	application(s) listed			
	AP	PLICATION SERIAL NUMBER	FILING DATE					
d								
1. S. Priority Claim		35, United States Code, Sec						
manner provided by the first information as defined in Title	t paragrap le 37, Cod	of the claims of this application of Title 35, United States of the of Federal Regulations, Security and the of this approximational filing date of this approximate and the of this approximate of the of this approximate and the of th	Code Section 112, I ack tion 1.56(a) which occu	nowledge the duty t	o disclose material			
APPLICATION SERIAL NUME	BER	FILING DATE	STATUS (	patented/pending/abandone	d)			
: <del>*</del>								
POWER OF ATTORNEY: As a named inventor, I her business in the Patent and To		int the following attorney(s) Office connected therewith:		ecute this applicatio	n and transact all			
Customer Number		022878	Place Customer Number Bar Code Label here					
Send Correspondence to			Direct Telepho	ne Calls To:				
AGILENT TECHNOLOGIE Legal Department, DL429	-	Cynthia S Mitchell						
Intellectual Property Administration P.O. Box 7599		(970) 679-3136						
Loveland, Colorado 8053	37-0599		•					
made on information a with the knowledge imprisonment, or both	and bel that wil , under	ments made herein of m lief are believed to be t llful false statements a Section 1001 of Title 1 te the validity of the app	rue; and further tha and the like so ma I8 of the United Sta	at these stateme ade are punisha ates Code and ti	nts were made ble by fine or hat such willful			
Full Name of Inventor: Christopher K Sutton Citizenship: US								
Residence: 50	5027 Dover St Everett WA 98203							
Post Office Address: Sa	me as r	esidence						

Inventor's Signature

## DECLARATION AND POWE ATTORNEY FOR PATENT APPLICATION (continued)

Full Name of # 2 joint inventor:	William R Pritchard		Citizenship: _	US			
Residence:	4430 126th Place NE Marysville WA 98271						
Post Office Address:	Same as residence						
Inventor's Signature	Date	e					
Full Name of # 3 joint inventor:	Kirsten C Carlson		Citizenship: _	US			
Residence:	109 Stone Ridge Dr Snohomish WA	98290					
Post Office Address:	Same as residence			·-			
Inventor's Signature	Dat	е					
Full Name of # 4 joint inventor:			Citizenship: _	US			
Residence:	11403 48th Drive NE Marysville WA	98271					
Post Office Address:	Same as residence						
ij Jinventor's Signature							
inventor's Signature	Dat	:ө					
Full Name of # 5 joint inventor	·		Citizenship: _				
Residence:							
Post Office Address:							
Linventor's Signature	Dat						
ij	Dat	ıe					
क्रम सम्बद्धाः	;						
Eull Name of # 6 joint inventor		<del></del>	Citizenship:				
Residence:							
Post Office Address:							
Inventor's Signature	Da	te					
Ů		••					
Full Name of # 7 into township			Citizenship:				
Full Name of # 7 joint inventor	:	<u>-</u>	Oluzensinp				
Residence:		`					
Post Office Address:		<u> </u>					
Inventor's Signature	Da	te					
•							
Full Name of # 8 joint inventor			Citizenship:				
•	·			-			
Residence:			<u></u>	· · · · · · · · · · · · · · · · · · ·			
Post Office Address:							
Inventor's Signature	n <sub>a</sub>	te					